

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004
PAGE 1 OF 1 PAGES

1. TYPE OF PAYMENT REQUESTED
a. "X" one or both boxes
☒ ADVANCE ☐ REIMBURSEMENT
b. "X" the applicable box
☐ FINAL ☒ PARTIAL

2. BASIS OF REQUEST

☒ CASH
☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

Denali Commission

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

1498

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

5

6. EMPLOYER IDENTIFICATION NUMBER

92-0064993

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

07/28/2018

TO (month, day, year)

12/31/2018

9. RECIPIENT ORGANIZATION

Name: Native Village of Kivalina

Number and Street: P.O. Box 50051

City, State and ZIP Code: Kivalina, Alaska 99750

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Number and Street:

City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 225,198.73	\$	\$	\$ 225,198.73
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	225,198.73	0.00	0.00	225,198.73
d. Estimated net cash outlays for advance period	34,886.68			34,886.68
e. Total (Sum of lines c & d)	260,085.41	0.00	0.00	260,085.41
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	260,085.41			260,085.41
h. Federal payments previously requested	242,724.29			242,724.29
i. Federal share now requested (Line g minus line h)	17,361.12	0.00	0.00	17,361.12
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

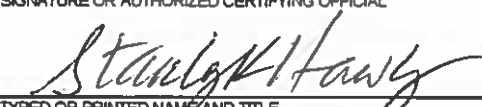
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ 34,886.68
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	17,525.56
c. Amount requested (Line a minus line b)	\$ 17,361.12

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED January 9, 2019
	TYPED OR PRINTED NAME AND TITLE Stanley K. Hawley, Tribal Administrator	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.		
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.		
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.		
<p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>		11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
		11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
		13	Complete the certification before submitting this request.



Native Village of Kivalina

P.O. Box 50051 Kivalina, AK 99750 Ph: (907)645-2153 Fax: (907)645-2193
e-mail: tribeadmin@kivaliniq.org

"Advocating for our people, land, waters and subsistence way of life"

December 31, 2018

RE: Award 1498 SF270 Drawdown Request #5 Summary

Dear Denali Commission,

During the last quarter (Aug-Oct 2018), the following was completed in support of community resiliency: IDIQ Process & related travel, discussions on future projects, working with CRW on future work.

The Native Village of Kivalina had a vacancy since the spring. However, the Tribal Administrator asked a staff member to implement the following:

1. Contact Denali Commission about late report and see what needs to happen next.
2. Developed an RFP for the IDIQ process. Advertised the RFP in local newspapers.
3. Draft up a job description and posted for 2 weeks.
4. Arrange travel for a crew from the Native Village of Kivalina to review RFPs.
5. Schedule interviews of 4 contractors that submitted an RFP.
6. Selected a contractor for the IDIQ.
7. Planned out next years budget Fy2019.
8. Hired a local person for the Denali Commission Coordinator- Millie Hawley.
9. Contacted contractor CRW to submit task order for moving of homes.
10. Drafted mutual agreement between the City of Kivalina and Native Village of Kivalina to address potential erosion.
11. Scheduled a joint meeting for mutual agreement discussion.
12. City of Kivalina Mayor Austin Swan, Sr. and Native Village of Kivalina President Signed mutual agreement.

Previous activity (Aug-Oct):

\$5,117.12	Coordinator/Bookkeeper salary with fringe & benefits
\$10,485.79	travel to Anchorage for IDIQ process
\$19,951.92	used for placing super sacks, erosion control
\$35,554.83	spent on last quarter activities

Future activity and Task Orders

\$29,875.68 (estimate)	Coordinator/Bookkeeper salary with fringe & benefits
\$5,011.00	(10% of payroll this quarter + indirect from last quarter payroll)
\$34,886.68 total	advance estimated for next quarter

\$53,080.39

-\$35,554.83

\$17,525.56

Amount requested for #4 advance

Amount spent of last advance on last quarter

Balance remaining on #4 advance

\$34,886.68

-\$17,525.56

17,361.12

Amount estimated for next quarter

Minus balance of #4 advance

New advance request #5

Best regards,



Millie Hawley, Local Coordinator
denali@kivaliniq.org

Encl: SF270-5

Cc: Stanley K. Hawley, Tribal Administrator